
State:	Arkansas	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	A03I Individual Annuities - Deferred Variable/A03I.002 Flexible Premium		
Product Name:	MPP App re-file for Reg 200		
Project Name/Number:	MPP App re-file for Reg 200/MPP-APP (11/12)		

Filing at a Glance

Company:	Metropolitan Life Insurance Company
Product Name:	MPP App re-file for Reg 200
State:	Arkansas
TOI:	A03I Individual Annuities - Deferred Variable
Sub-TOI:	A03I.002 Flexible Premium
Filing Type:	Form
Date Submitted:	09/26/2012
SERFF Tr Num:	METK-128673516
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	MPP-APP (11/12)
Implementation	On Approval
Date Requested:	
Author(s):	Karen Foley, Barry Sullivan, Doreen Morris, Janice Bellot
Reviewer(s):	Linda Bird (primary)
Disposition Date:	10/02/2012
Disposition Status:	Approved-Closed
Implementation Date:	
State Filing Description:	

State: Arkansas **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: A03I Individual Annuities - Deferred Variable/A03I.002 Flexible Premium
Product Name: MPP App re-file for Reg 200
Project Name/Number: MPP App re-file for Reg 200/MPP-APP (11/12)

General Information

Project Name: MPP App re-file for Reg 200
Project Number: MPP-APP (11/12)
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 10/02/2012
State Status Changed: 10/02/2012
Created By: Barry Sullivan
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Barry Sullivan

Filing Description:

Please find attached for your review and approval the referenced application form listed on the Form Schedule tab. This form is new and does not replace any forms.

The application will be completed by a prospective contract owner/annuitant for our individual variable annuity contract form PPS (07/01) previously approved by your Department on 4/2/2001.

This form has been completed in John Doe fashion. Material that is bracketed is variable and is subject to change in accordance with the parameters described in the attached Memorandum of Variable Material. We will not consider it necessary to obtain Department approval for changes to these variables when such changes are within the stated parameters of the enclosed Memorandum of Variable Material. Any changes made outside of the stated parameters will be filed for approval with your Department. This form is submitted in final printed format and is subject to only minor modification in paper size and stock, ink, border, typographical errors and adaptation to computer printing.

Please note that the contract form for which this forms are used is a variable annuity that is subject to federal jurisdiction and is therefore exempt from readability requirements.

Thank you for your review of this filing.

Company and Contact

Filing Contact Information

Doreen Morris, Senior Contract Consultant dmorris1@metlife.com
1300 Hall Blvd. 860-768-0810 [Phone]
3rd Floor 860-656-3329 [FAX]
Bloomfield, CT 06002

Filing Company Information

Metropolitan Life Insurance Company	CoCode: 65978	State of Domicile: New York
200 Park Avenue	Group Code: 241	Company Type: Life
New York, NY 10166	Group Name: MetLife Group	State ID Number:
(617) 578-2000 ext. [Phone]	FEIN Number: 13-5581829	

State: Arkansas **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: A03I Individual Annuities - Deferred Variable/A03I.002 Flexible Premium
Product Name: MPP App re-file for Reg 200
Project Name/Number: MPP App re-file for Reg 200/MPP-APP (11/12)

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 per form filed. One form filed.
Per Company: No

Company	Amount	Date Processed	Transaction #
Metropolitan Life Insurance Company	\$50.00	09/26/2012	63090568

SERFF Tracking #:	METK-128673516	State Tracking #:		Company Tracking #:	MPP-APP (11/12)
State:	Arkansas	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	A03I Individual Annuities - Deferred Variable/A03I.002 Flexible Premium				
Product Name:	MPP App re-file for Reg 200				
Project Name/Number:	MPP App re-file for Reg 200/MPP-APP (11/12)				

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/02/2012	10/02/2012

State:	Arkansas	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	A03I Individual Annuities - Deferred Variable/A03I.002 Flexible Premium		
Product Name:	MPP App re-file for Reg 200		
Project Name/Number:	MPP App re-file for Reg 200/MPP-APP (11/12)		

Disposition

Disposition Date: 10/02/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of variability		Yes
Supporting Document	Certification		Yes
Form	Application for Variable Annuity		Yes

State:	Arkansas	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	A03I Individual Annuities - Deferred Variable/A03I.002 Flexible Premium		
Product Name:	MPP App re-file for Reg 200		
Project Name/Number:	MPP App re-file for Reg 200/MPP-APP (11/12)		

Form Schedule

Lead Form Number: MPP-APP (11/12)							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		MPP-APP (11/12)	AEF	Application for Variable Annuity	Initial:		MPP-APP (11-12).pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

Application for Variable Annuity

Metropolitan Life Insurance Company 200 Park Avenue, New York, NY 10166-0188

Preference Premier

SECTION I - Owner(s)

⚠ The Individual Owner will be the Annuitant unless Section II - Annuitant is completed.

For each Owner that is a Non-US Citizen or a Non-US Permanent Legal Resident, complete the VA NON US Supplement form.

<input checked="" type="checkbox"/> Individual Owner - First Name		Middle Name	Last Name	
John			Doe	
Permanent Street Address		City	State	Zip
123 Street		AnyTown	XY	1111
Sex: <input checked="" type="checkbox"/> Male	Date of Birth	Social Security Number	Primary Phone Number	
<input type="checkbox"/> Female	4/12/58	111-11-1111	222-222-2222	
E-Mail Address				

Form of ID: <input checked="" type="checkbox"/> U.S. Driver's License <input type="checkbox"/> Passport	Country of Legal Residence	Country of Citizenship
<input type="checkbox"/> Government Issued Photo ID		
Issuer of ID	ID Number	ID Issue Date (if any)
XY	123456789	
Name of Employer	Position/Title	ID Expiration Date
ABC Co.	Manager	4/12/2014
Employer Street Address	Employer City	State
456 Lane	AnyTown	XY
		Zip
		1111
Are you or an immediate family member associated with a FINRA member firm? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<input type="checkbox"/> Trust - Trust Name	Date of Trust	Tax ID Number
Trustee Permanent Address	City	State
		Zip
If Owner is Trust complete Trustee Certification form.	Primary Phone Number	E-Mail Address

Joint Owner - First Name		Middle Name	Last Name	
<input type="checkbox"/> Permanent Street Address same as Owner				
Permanent Street Address		City	State	Zip
Sex: <input type="checkbox"/> Male	Date of Birth	Social Security Number	Primary Phone Number	
<input type="checkbox"/> Female				
E-Mail Address		Relationship to Owner		
Form of ID: <input type="checkbox"/> U.S. Driver's License <input type="checkbox"/> Passport	Country of Legal Residence	Country of Citizenship		
<input type="checkbox"/> Government Issued Photo ID				
Issuer of ID	ID Number	ID Issue Date (if any)	ID Expiration Date	
Name of Employer	Position/Title			
Employer Street Address	Employer City	State	Zip	
Are you or an immediate family member associated with a FINRA member firm? <input type="checkbox"/> Yes <input type="checkbox"/> No				

ANNUITY PAYMENTS AND TERMINATION VALUES PROVIDED BY THIS CONTRACT ARE VARIABLE, MAY INCREASE OR DECREASE, WHEN BASED ON THE INVESTMENT EXPERIENCE OF THE SEPARATE ACCOUNT AND ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNT.



SECTION II - Annuitant

① For all IRA Tax Market selections, the Annuitant must be the Owner.

First Name John Middle Name _____ Last Name Do
Permanent Street Address: ☒ Same as Owner ☐ Same as Joint Owner
Permanent Street Address _____ City _____ State _____ Zip _____
Social Security Number 111-11-1111 Date of Birth 4/12/58 Primary Phone Number 222-222-2222 Sex: ☒ Male ☐ Female Relationship to Owner(s) Same

SECTION III - Beneficiary / Beneficiaries

① If there are Joint Owners, the surviving Owner is the Primary Beneficiary and the beneficiaries listed below will be considered contingent beneficiaries.

☐ Check here if the surviving Owner should **NOT** be considered the Primary Beneficiary upon either Owner's death.**Primary Beneficiary:**

Percentage of Proceeds _____

First Name Jane Middle Name _____ Last Name Do
Permanent Street Address 123 Street City Any Town State XY Zip 11111
Social Security Number 222-22-2222 Date of Birth 4/12/60 Relationship to Owner(s) Spouse Primary Phone Number 222-222-2222

☐ Primary Beneficiary ☐ Contingent Beneficiary

Percentage of Proceeds _____

First Name _____ Middle Name _____ Last Name _____
Permanent Street Address _____ City _____ State _____ Zip _____
Social Security Number _____ Date of Birth _____ Relationship to Owner(s) _____ Primary Phone Number _____

☐ Primary Beneficiary ☐ Contingent Beneficiary

Percentage of Proceeds _____

First Name _____ Middle Name _____ Last Name _____
Permanent Street Address _____ City _____ State _____ Zip _____
Social Security Number _____ Date of Birth _____ Relationship to Owner(s) _____ Primary Phone Number _____

☐ Primary Beneficiary ☐ Contingent Beneficiary

Percentage of Proceeds _____

First Name _____ Middle Name _____ Last Name _____
Permanent Street Address _____ City _____ State _____ Zip _____
Social Security Number _____ Date of Birth _____ Relationship to Owner(s) _____ Primary Phone Number _____



SECTION IV - Contract Applied For

i Subject to current availability.

Class Selection	Tax Market
<input checked="" type="checkbox"/> B Class <input type="checkbox"/> R Class <input type="checkbox"/> B Plus Class <input type="checkbox"/> L Class <input type="checkbox"/> C Class If B Plus is chosen, provide the Bonus Disclosure Form.	<input checked="" type="checkbox"/> Non-Qualified <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Decedent IRA <input type="checkbox"/> Non-Qualified Decedent If Non-Qualified Decedent or Decedent IRA is chosen, complete appropriate Inherited Election Form.

Optional Riders (Available at time of application only. There are additional charges for Optional Riders listed below.)


Living Benefit Rider	Death Benefit Riders
Guaranteed Minimum Income Benefit (GMIB) <input type="checkbox"/> GMIB Max IV	If no selection is made, the Standard Death Benefit will be provided at no additional charge. Guaranteed Minimum Death Benefit (Enhanced Death Benefit (EDB)) <input type="checkbox"/> EDB Max IV (May only be selected if GMIB Max IV is elected) i EDB not allowed in Decedent/Stretch tax markets. EDB only available with B, R and L Class in WA. Other Riders <input type="checkbox"/> Annual Step Up Death Benefit <input type="checkbox"/> EPB (Earnings Preservation Benefit) Additional Death Benefit (May only be selected if EDB Max IV is not elected)

SECTION V - Existing Insurance and Annuities/Replacement

- (a) Do you have any existing individual life insurance or annuity contracts? ☐ Yes ☒ No
- (b) Will the proposed annuity replace, discontinue, or change an existing policy or contract? ☐ Yes ☒ No
- i** Replacement includes any surrender, loan, withdrawal, lapse, reduction in or redirection of payments on an annuity or life insurance contract in connection with this application.
- If **Yes to either**, ensure that any applicable disclosure and replacement forms are attached.



SECTION VI - Payment Information

 For new drafts, complete the Electronic Payment Account Agreement form.

Source of Funds: Enter the appropriate letter from the sources listed below in the **Details** box of the Payment Chart.

① If Money Market Account was funded with Mutual Funds within last six months, select Mutual Fund as source.

- | | | |
|--|---------------------------------------|---------------------|
| (A) Annuity (including 403(b)) | (F) Life Insurance | (K) Real Estate |
| (B) Bonds | (G) Loan | (L) Savings |
| (C) Certificate of Deposit | (H) Money Market Account | (M) Stocks |
| (D) Discretionary Income (Salary /Bonus) | (I) Mutual Fund (including 403(b)(7)) | (N) Other <u> </u> |
| (E) Endowment | (J) Pension Assets | |

Tax Market of Funds: Enter the appropriate number from the tax markets listed below in the Details box of the Payment Chart.

- | | | |
|--|----------------|-------------------------------|
| (1) Qualified Plan (401(a), 401(k), Keogh, Pension Plan, etc.) | (3) Roth IRA | (5) 403(a), 403(b), 403(b)(7) |
| (2) Traditional IRA, SEP IRA, SAR-SEP IRA | (4) SIMPLE IRA | (6) Non-Qualified <u> </u> |

#	Payment Type	Delivery Method	Details
1	<input type="checkbox"/> Transfer <input type="checkbox"/> Rollover <input type="checkbox"/> 1035 Exchange <input checked="" type="checkbox"/> Contribution/ Payment	<input checked="" type="checkbox"/> Payment with Application <input type="checkbox"/> Transfer with Application <input type="checkbox"/> Electronic Payment	Amount <u>\$100,000.00</u> Source of Funds <u>L</u> Source (if Other) _____ Tax Market of Funds _____ If Source is Endowment: Maturity Date _____ For IRA Contributions: Tax Year _____
2	<input type="checkbox"/> Transfer <input type="checkbox"/> Rollover <input type="checkbox"/> 1035 Exchange <input type="checkbox"/> Contribution/ Payment	<input type="checkbox"/> Payment with Application <input type="checkbox"/> Transfer with Application <input type="checkbox"/> Electronic Payment	Amount _____ Source of Funds _____ Source (if Other) _____ Tax Market of Funds _____ If Source is Endowment: Maturity Date _____ For IRA Contributions: Tax Year _____
3	<input type="checkbox"/> Transfer <input type="checkbox"/> Rollover <input type="checkbox"/> 1035 Exchange <input type="checkbox"/> Contribution/ Payment	<input type="checkbox"/> Payment with Application <input type="checkbox"/> Transfer with Application <input type="checkbox"/> Electronic Payment	Amount _____ Source of Funds _____ Source (if Other) _____ Tax Market of Funds _____ If Source is Endowment: Maturity Date _____ For IRA Contributions: Tax Year _____
4	<input type="checkbox"/> Transfer <input type="checkbox"/> Rollover <input type="checkbox"/> 1035 Exchange <input type="checkbox"/> Contribution/ Payment	<input type="checkbox"/> Payment with Application <input type="checkbox"/> Transfer with Application <input type="checkbox"/> Electronic Payment	Amount _____ Source of Funds _____ Source (if Other) _____ Tax Market of Funds _____ If Source is Endowment: Maturity Date _____ For IRA Contributions: Tax Year _____



State Disclosures

(a) Important State Notices:

Massachusetts Residents Only: The variable annuity for which you are making this application gives us the right to restrict or discontinue allocations of purchase payments to the Fixed Account and reallocation from the Investment Divisions to the Fixed Account. This discontinuance right may be exercised for reasons which include but are not limited to our ability to support the minimum guaranteed interest rate of the Fixed Account when the yields on our Investments would not be sufficient to do so. This discontinuance will not be exercised in an unfairly discriminatory manner. The prospectus also contains additional information about our right to restrict access to the Fixed Account in the future. **BY SIGNING THIS APPLICATION, I ACKNOWLEDGE THAT I HAVE RECEIVED, READ AND UNDERSTOOD THE STATEMENTS IN THIS APPLICATION AND IN THE PROSPECTUS THAT THE FIXED ACCOUNT MAY NOT BE AVAILABLE AT SOME POINT DURING THE LIFE OF THE CONTRACT INCLUDING POSSIBLY WHEN THIS CONTRACT IS ISSUED.**

Pennsylvania Residents Only: ANNUITY PAYMENTS OR SURRENDER VALUES, WHEN BASED UPON THE INVESTMENT EXPERIENCE OF A SEPARATE ACCOUNT, ARE VARIABLE AND ARE NOT GUARANTEED AS TO A FIXED DOLLAR AMOUNT.

(b) State Fraud Statements:

Alabama, Arkansas, District of Columbia, Louisiana, New Mexico, Ohio, Rhode Island and West Virginia Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado Residents Only: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida Residents Only: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky Residents Only: Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia and Washington Residents Only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

Maryland Residents Only: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey Residents Only: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Oklahoma Residents Only: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Residents Only: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Pennsylvania Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.]



Statement of Owner(s): I/We

- hereby represent my/our answers to the above questions to be correct and true to the best of my/our knowledge and belief.
- have received the current prospectus for the Preference Premier and all required underlying fund prospectuses.
- understand that there is no additional tax benefit obtained by funding an IRA with a variable annuity.
- acknowledge that MetLife does not provide legal or tax advice and does not guarantee the intended tax treatment of the annuity or any riders thereto. I/We have been informed about the tax uncertainties stated above or elsewhere in this application, and it has also been recommended to me/us that I/we consult my/our own tax advisor or tax attorney prior to the purchase of the annuity or any riders thereto.
- understand that I/we should notify Metropolitan Life Insurance Company if any information contained in this application should change.
- certify that the Class Selection and Optional Rider(s) meet(s) the needs of my/our current investment objectives and risk tolerance.

Under penalties of perjury, I, the Owner, certify that:

- The number shown in this application is my correct taxpayer identification number, and I am not subject to backup withholding because:
 - (a) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends.
 - or
 - (b) the IRS has notified me that I am not subject to backup withholding.
(If you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return, you must cross out and initial this item.)
 - I am a U.S. citizen or a U.S. resident alien for tax purposes.
(If you are not a U.S. citizen or a U.S. resident alien for tax purposes, please cross out this certification and complete form W-8BEN).
- ⚠ The IRS does not require your consent to any provision of this document other than certifications required to avoid backup withholding.

I/We have read the State Fraud Statement and/or Important State Notice in Section VII applicable to me/us.

For Pennsylvania Residents only: I/we understand that all annuity payments or values provided by the contract being applied for which are based on the investment experience of the Separate Account, are variable and are not guaranteed as to a Fixed Dollar amount.

City & State where the application is signed

Any Town, XY

Owner Signature

John Doe

Date

12-1-2012

Joint Owner Signature

Date

Annuitant Signature

Date

Statement of Producer

All answers are correct to the best of my knowledge. I have delivered a current Preference Premier variable annuity prospectus and all required underlying fund prospectuses and reviewed the financial situation of the Proposed Owner as disclosed, and believe that a multifund annuity contract would be suitable. I am properly FINRA registered and licensed in the state where the Proposed Owner signed this application.

Does the Owner have existing life insurance policies or annuity contracts?

☐ Yes ☒ No

Do you have reason to believe that the replacement or change of any existing life insurance policies and annuity contracts may be involved?

☐ Yes ☒ No

Producer Signature

Joe Agent

Date

12-1-2012

Printed Producer Name

Joe Agent

State License Number

22222

Phone Number

333-333-3333



State:	Arkansas	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	A03I Individual Annuities - Deferred Variable/A03I.002 Flexible Premium		
Product Name:	MPP App re-file for Reg 200		
Project Name/Number:	MPP App re-file for Reg 200/MPP-APP (11/12)		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	See Form Schedule tab.		

		Item Status:	Status Date:
Satisfied - Item:	Statement of variability		
Comments:			
Attachment(s):			
APP_SoV_Generic.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Certification		
Comments:			
Attachment(s):			
CERT.pdf			

Metropolitan Life Insurance Company
STATEMENT OF VARIABILITY
For Application: MPP-APP (11/12)

September 26, 2012

Company Address	The company address may change at some point in the future.
Product Name [Preference Premier]	The marketing name is bracketed to permit changes to this name in the future.
SECTION I – Owner(s)	
VA NON US	The identification number for the Non-US Citizen or a Non-US Permanent Legal Resident supplement form is bracketed to permit future changes to the numbering sequence.
SECTION III – Beneficiary/Beneficiaries	
Beneficiary/Beneficiaries	We reserve the right to change or clarify the disclosure language to aide the applicant in completing this section.
SECTION IV - Contract Applied for Section	
Class Selection	The product classes are bracketed to permit changes to the marketing names and product class availability. If new classes are approved by the Department, this section will be updated to reflect the product class.
Tax Market	We reserve the right to offer this product in some or all of the following markets: Nonqualified, 401(a), 403(b), IRA (including traditional, SIMPLE, SEP, custodial, and Roth). We will include check boxes for each available market in the future.
Optional Riders	The optional riders are bracketed to permit changes to the marketing names and rider availability. These are optional features available for an extra charge that are only made available at time of application and attached to the contract at issue via a rider. As new riders are approved by the Department, this section will be updated to reflect the marketing name and rider.
SECTION V - Existing Insurance and Annuities/Replacement Section	
Existing Insurance and Annuities/Replacement	The text in this section may be enhanced for clarity or compliance with insurance laws in your state or other states. We may add additional directive/clarification information in the “Replacement Question” section of the application based on changes from the NAIC Model Regulation or other insurance regulations or laws.

SECTION VI – Payment Information	
Source of Funds	<p>We reserve the right for future reprints of the application, to reformat this section as follows:</p> <ul style="list-style-type: none"> • The Source of Funds may contain some or all of the possible choices shown or any other source that may become acceptable in the future.
Tax Market of Funds	<p>We reserve the right for future reprints of the application, to reformat this section as follows:</p> <ul style="list-style-type: none"> • The Tax Market of Funds may contain some or all of the possible choices shown or any other market that may become available in the future.
Payment Type, Delivery Method, Details	<p>We reserve the right for future reprints of the application, to reformat this section as follows:</p> <ul style="list-style-type: none"> • The Payment Type and Delivery Method will show some or all of the choices available or any other type that might be available in the future. • The Details may be expanded to allow the applicant to provide additional information.
SECTION VII – State Disclosures and Certification and Signatures	
Important State Notices	<p>The text in these sections may be enhanced for clarity or compliance with insurance laws in your state or other states.</p>
State Fraud Statements/Statement of Producer	<p>The text in these sections may be enhanced for clarity or compliance with insurance laws in your state or other states. We may add additional directive/clarification information in the “Replacement Question” section of the application based on changes from the NAIC Model Regulation or other insurance regulations or laws. Additionally, the Disclosure & Acknowledgement section may be modified for any changes in “fraud language” that may be required by other states.</p>

Metropolitan Life Insurance Company
200 Park Avenue, New York, NY 10166

State of Arkansas

Certification

We certify compliance with Articles VI, VII, IX, and XI of Rule and Regulation 33 and all other applicable requirements of the Arkansas Insurance Department.

Bennett D. Kleinberg

Print Name



9/26/2012

Date

Signature

Vice President & Senior Actuary

Title